

COMPETENCE VERIFICATION

Task/s: _____

Risk Assessment Refs: _____ (Attached)

Employee Name: _____ (Print)

Supervision Name: _____ (Print)

Verifiers Name: _____ (Print)

On completion of any appropriate, formal, training; the above task/s will be observed by the Employee on two separate occasions. The task/s will then be undertaken by the Employee under supervision and guidance on two separate occasions. If the task/s are completed to an acceptable standard, the Employee will then be monitored by the Verifier (on two separate occasions) to confirm that the Employee understands the task and the related safety information and undertakes the task in a safe and acceptable manner.

Observation #1	Date: / /	Employee Signature:
Observation #2	Date: / /	Employee Signature:
Supervised #1	Date: / /	Employee Signature:
Supervised #2	Date: / /	Employee Signature:
Monitored #1	Date: / /	Employee Signature:
Monitored #2	Date: / /	Employee Signature:

Having supervised & monitored _____ (Employee name) undertake the task/s identified above, I deem them to be competent to carry out the task/s unsupervised, in compliance with the SSOW and the associated risk assessment.

Verifiers signature: _____ Date: / /